



**PLUMBING / HVAC PERMIT**  
**Town of Islip Building Division**  
**One Manitton Court, Islip, NY 11751**  
**[www.islipny.gov](http://www.islipny.gov)**

**PLUMBING/HVAC APPLICATIONS SHOULD NOW  
BE FILED WITH THE PERMITS DEPARTMENT.**

**For directions on how to file an application, see  
Application Submission Options below.**

***This Permit EXPIRES 1 year from date of issuance.  
Three consecutive renewals permitted.***

**Subject Address:** \_\_\_\_\_  
Bldg/House # \_\_\_\_\_ Street \_\_\_\_\_ Tenant / Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Property Type:** ☐ Commercial\* ☐ Residential  
\*Additional permit requirements may apply, please check with a Plans Examiner

**FOR OFFICE USE ONLY**

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Filing Date: \_\_\_\_\_ By: \_\_\_\_\_  
Zoning Approval Date: \_\_\_\_\_ By: \_\_\_\_\_  
Plans Examiner Approval Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved to Issue Date: \_\_\_\_\_ By: \_\_\_\_\_  
Issued Date: \_\_\_\_\_ By: \_\_\_\_\_  
Permit Expiration Date: \_\_\_\_\_  
Special Conditions of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total Fee: \$ \_\_\_\_\_  
Receipt #: \_\_\_\_\_ C/O Issued: \_\_\_\_\_

**EMAIL ADDRESSES MUST BE PROVIDED – PLEASE WRITE LEGIBLY**

**Property Owner\*:** \_\_\_\_\_  
Full Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
House No / Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* If property was purchased within the last 6 months, a copy of the deed or closing papers indicating the deed was sent to Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC is required.

**Tenant:** \_\_\_\_\_  
(If applicable) Full Name \_\_\_\_\_ Business Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
No / Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumber:** \_\_\_\_\_  
Full Name \_\_\_\_\_ Business Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
No / Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Expeditor /  
Design Professional:** \_\_\_\_\_  
(If different than property owner) Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
No / Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION SUBMISSION OPTIONS**

1. Electronic Submittal (preferred) – Please refer to the [Building Permit – Electronic Submittal Process](#) flyer on our website. No hardcopies of documents are required with the initial electronic submission unless otherwise referenced in the flyer. Our staff will advise you on the total number of hardcopy documents required prior to permit issuance.
2. Hardcopy Submittal – Please refer to our website for [Application Requirements](#) submittal process currently in effect. Submit one copy of each required document upon submission. If additional copies are required, we will notify you prior to permit issuance.

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**PERMIT TYPE – Enter quantity of units for all that apply - see Requirements Footnotes:**

QTY	SCOPE	QTY	SCOPE	QTY	SCOPE	QTY	SCOPE
	Gas Test <sup>1</sup> /Line Repair <sup>1</sup>		Reconnect Plumbing <sup>12</sup>		MUA Unit Install <sup>5</sup>		Lawn Sprinkler Install <sup>11</sup>
	Boiler <sup>1, 9</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/> (Wall hung: Y/N)		Gas BBQ/Fire Pit <sup>1,4</sup>		Ductwork Install <sup>5</sup>		Oil Tank Abandon/Install <sup>7</sup>
	Gas Dryer <sup>1,4</sup>		Generator <sup>1, 3, 4</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/>		ERV Unit Install <sup>5</sup>		Propane Tank Install <sup>4</sup>
	Water Heater <sup>1</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>		Roof Top Unit Piping <sup>1, 5</sup>		Roof Top Unit Install <sup>5</sup>	<input type="checkbox"/>	Change of Plumber <sup>13</sup>
	Furnace <sup>1, 9</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/>		Pool Heater <sup>1, 10</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>		Commercial Kitchen Hood <sup>6</sup>	<input type="checkbox"/>	Other:
	Suspended Gas Heater <sup>1</sup>		Gas Fireplace <sup>1, 2</sup>		AC Unit Install <sup>5</sup>		
	Gas Stove <sup>1</sup>		Indirect Hot Water / Storage Tank <sup>9</sup>		Heat Pump / Geo Thermal Install <sup>5</sup>	<input type="checkbox"/>	Fixtures ( <i>complete fixture chart below</i> ) <sup>8</sup>

Is Propane Gas involved?<sup>4</sup> ☐ Yes ☐ No      If yes, Company Name: \_\_\_\_\_

Is Medical Gas involved? ☐ Yes ☐ No      If yes, Certification #'s: \_\_\_\_\_

**FIXTURE QUANTITIES – Indicate the quantity of fixtures requested for this Application and whether fixtures are: NEW (N), being RELOCATED (R), or a DIRECT REPLACEMENT (D)**

	Cellar/ Basement			1 <sup>st</sup> Floor			2 <sup>nd</sup> Floor			3 <sup>rd</sup> Floor			Accessory Structure				Cellar/ Basement			1 <sup>st</sup> Floor			2 <sup>nd</sup> Floor			3 <sup>rd</sup> Floor			Accessory Structure		
	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D		N	R	D	N	R	D	N	R	D	N	R	D	N	R	D
Dishwasher																Toilet															
Kitchen Sink																Urinal															
Bathroom Sink																Other															
Tub/Shower																Other															
Washing Machine																Other															

Other fixtures can include: Mop Sinks, Ejector Pumps, Floor Drains, Floor Sinks, Grease Traps, Medical Chairs, Drinking Fountains, Refreshment Stations, Hand Sinks, Bar Sinks, VAV fixtures with coil, or other fixtures involving waste or water lines.

**REQUIREMENTS FOOTNOTES:**

- GAS PERMITS** – Riser diagrams on the Master Plumbers letterhead are required, and must indicate by floor, the type, width, and length of piping to each gas connection. Connections must be labeled as new, direct replacement or existing. Pressure tests required.
- GAS FIREPLACES** require a separate building permit unless it is a fireplace insert being inserted into an existing masonry fireplace listed on the Certificate of Occupancy (or deemed original by a Building Inspector).
- GENERATOR PERMITS** – See separate handout; include a diagram of the proposed generator placement.
- PROPANE LP GAS PERMITS** – Must be filed by a TOI Licensed Gas Company servicing the account. A diagram showing the proposed placement of the tank is required. The Fire Marshal issues permits for residential installations when the tank is 420 lbs. (100 gallons) or greater, and for ALL Commercial installations.
- HVAC PERMITS** – New residential systems require an accurate survey showing the proposed location of the condenser, and floor plans showing the duct layout (mechanical drawings are not required). Manuals S, J and D, prepared by the HVAC contractor or HERS rater, are required. (Manual D is not required for ductless systems). Commercial systems require signed and sealed plans by a Licensed New York State Design Professional and must be approved plans by the Plans Examiner.

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6. **COMMERCIAL KITCHEN/EXHAUST HOOD PERMITS** require Kitchen Hood packet completed by qualified installer.
7. **OIL TANK INSTALLATION OR ABANDONMENT PERMITS** require a physical inspection (install) or an abandonment certificate (if applicable) from the certified company performing such work. A diagram showing the proposed placement of exterior tanks is required.
8. **PLUMBING FIXTURE PERMITS** require a fixture riser diagram indicating, ***by floor***, all fixture connections shown on the plumber's letterhead. Be sure to indicate number of fixtures and type in the chart on page 1.
9. **NEW BOILER, FURNACE & DIRECT REPLACEMENT of HVAC UNIT** require manufacture cut sheets.
10. **POOL HEATERS** - A diagram showing the proposed placement of the heater is required. Pool must be on CO.
11. **LAWN SPRINKLER PERMITS** require a diagram of design, rain gauge(s) and backflow prevention device.
12. **PLUMBING RECONNECT PERMITS** can only be issued in conjunction with a house lift building permit.
13. **CHANGE OF PLUMBER** – A letter from the Owner explaining why the plumber is being changed.

#### IMPORTANT NOTES:

- **Requirements are subject to change; please visit our website for the most up-to-date information prior to starting any project.**
- Town of Islip licensed Plumber/HVAC Contractor must fill out application and complete corresponding work. Insurances must be current for the duration of this application; Town of Islip must be listed as additional insured.
- Filing fees are collected at the time of application. The total permit fee will be determined by the Building Department once the application is approved by the Plans Examiner. The fee schedule is on the TOI website.
- Upon inspection, plumbing/fixtures seen which are not listed on the CO and deemed not original to the property by the inspector must be brought into compliance by filing of a new Plumbing Permit Application.
- Re-inspection fees will be charged if the plumber misses a scheduled inspection or if work has not been corrected as identified during prior inspections; these fees are payable before another inspection can be scheduled. Before the plumber schedules any inspections, please ensure all permit requirements are met.
- Electrical Certificates are required for all electrical installations.
- Toilets are not permitted in accessory structures without Suffolk County Board of Health approval, and are subject to Town Code.
- Properties deemed to be in a flood zone or wetlands may require an accurate survey.
- Only one kitchen is allowed in a single family home unless appropriate permits are in place.
- Dormant applications in excess of 180 days are considered abandoned and are subject to destruction after 30 days' notice. No refunds will be given.

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*I understand that the Town is relying on the information provided herein, any inaccuracy may cause delays and/or additional fees. I swear this application is a true and complete statement of all proposed work on the subject address.  
By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.*

<b>PROPERTY OWNER:</b>  _____ <small>PRINT NAME (REPRESENTATIVE)</small>  _____ <small>SIGNATURE</small>	<b>SWORN TO ME THIS</b> DAY OF _____, 20_____  _____ <small>NOTARY PUBLIC</small>	<b>NOTARY STAMP</b>
<b>PLUMBER:</b>  _____ <small>PRINT NAME</small>  _____ <small>SIGNATURE</small>	<b>SWORN TO ME THIS</b> DAY OF _____, 20_____  _____ <small>TOI PLUMBERS LICENSE #</small>  _____ <small>NOTARY PUBLIC</small>	<b>NOTARY STAMP</b>
<b>EXPEDITOR/DESIGN PROFESSIONAL:</b>  _____ <small>PRINT NAME</small>  _____ <small>SIGNATURE</small>	<b>SWORN TO ME THIS</b> DAY OF _____, 20_____  _____ <small>NOTARY PUBLIC</small>	<b>NOTARY STAMP</b>

**FOR OFFICE USE ONLY - ZONING REVIEW** if applicable (*comments must be entered in Permit Net*):

☐ DCR

☐ Site Plan

☐ Zoning Board of Appeals

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Zoning Inspector: \_\_\_\_\_
